

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 29 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38405**
Registrar's No. **29**

Registration District No. **5573**

Primary Registration District No. **5573**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Blue Springs (Rural)**
(c) Name of hospital or institution:
Sm a bar - hosp 2 1/2 mi S. E.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME **ISAAC W. STOKER**

3. (b) If veteran, name war **—** 3. (c) Social Security No. **—**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Gertrude** 6. (c) Age of husband or wife if alive **83** years
7. Birth date of deceased **Jan 21 1859**
(Month) (Day) (Year)

8. AGE: Years **84** Months **9** Days **16** If less than one day hr. min.

9. Birthplace **Richmond Ind**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business **Retired Farmer**
12. Name **John D. Stoker**
13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary A. Dieckson**
15. Birthplace **Ind**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. J. Ferguson**

(b) Address **Blue Springs Mo**

17. (a) **Permit** (b) Date thereof **11-8-1943**
(City or town) (County) (State)
(c) Place: burial or cremation **Blue Springs Mo**

18. (a) Signature of funeral director **Mrs. C. B. Webb**
(b) Address **Blue Springs Mo**

19. (a) **11-9-43** (b) **Mrs. John Dawson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Blue Springs (Rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. **2 1/2 mi South East**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **—**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **6th**
year **1943** hour **230** minute **P.M.**

21. I hereby certify that I attended the deceased from **Oct 1st**, 19**42**, to **Nov 6**, 19**43**;
that I last saw him alive on **Nov 6**, 19**43**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Liver** Duration **6 m**

Due to **—**
Due to **—**

Other conditions **Scler**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **—**
Of autopsy **no**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **—**
(b) Date of occurrence **—**
(c) Where did injury occur? **—**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **—**

While at work? **—** (Specify type of place) (c) Means of injury **—**
23. Signature **J. R. Crawford** (M. D. **—**)
Address **Prain Valley Mo** Date signed **11-7-43**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *P.B. Webb*

Licensed Embalmer No. *23513*

P. O. Address *Blue Springs Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.